

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/15/2011  
FORM APPROVED  
OMB NO. 0938-0391

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445439	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  12/12/2011
NAME OF PROVIDER OR SUPPLIER  MT JULIET HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2650 NORTH MT JULIET ROAD MOUNT JULIET, TN 37122		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility facility failed to maintain the doors protecting the corridors.</p> <p>The findings included:</p> <p>Observation of the resident room 313 and the beauty shop on 12/12/11 at 10:00 AM, revealed the doors were being held open with pegs.</p> <p>This finding was acknowledged by the administrator and verified by the director of maintenance at the exit conference on 12/12/11.</p>	K 018	<p>NFPA 101 Life Safety Code Standards</p> <p>SS=E</p> <p><u>Requirement:</u></p> <p>The facility will ensure that any door protecting corridor opening has no impediment to closing.</p> <p><u>Corrective Action:</u></p> <ol style="list-style-type: none"> <li>1. On 12/12/11 the Maintenance Director removed the pegs that held the door open in resident room 313 and the beauty shop.</li> <li>2. The Maintenance Director inspected all doors in the facility on 12/12/11 to ensure no doors were being held open by pegs.</li> <li>3. The facility staff was in-serviced by the Administrator on 12/21/11 regarding smoke door compliance.</li> <li>4. The Maintenance Director and Administrator will monitor for compliance through daily facility rounds and observations. Findings will be reported to the QA committee.</li> </ol>	12/28/2011	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Frances Doric* Administrator 12-29-11

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 025 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the smoke barriers.</p> <p>The findings included:</p> <p>Observation of the area above the smoke doors in the 400 hall on 12/12/11 at 9:47 AM, revealed a penetration in the wall.</p> <p>This finding was acknowledged by the administrator and verified by the director of maintenance at the exit conference on 12/12/11.</p>	K 025	<p>NFPA 101 Life Safety Code Standards</p> <p>SS=D</p> <p><u>Requirement:</u></p> <p>Smoke barriers will be constructed to provide a least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows will be protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor.</p> <p><u>Corrective Action:</u></p> <ol style="list-style-type: none"> <li>1. The area above the smoke doors in the 400 hall was fire culked on 12/12/11 by the Maintenance Director.</li> <li>2. The Maintenance Director completed facility rounds on 12/12/11 to ensure the walls were free of penetration.</li> <li>3. The Administrator instructed the Maintenance Director on 12/28/11 regarding maintenance on smoke barrier walls with penetrations.</li> <li>4. The Maintenance Director will monitor for compliance monthly through facility rounds and observation. Finding will be reported to the QA committee.</li> </ol>	12/28/2011	
K 052 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p>	K 052	<p>NFPA 101 Life Safety Code Standards</p> <p>SS=D</p> <p><u>Requirement:</u></p> <p>A fire alarm system required for life safety must be installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72.</p>		

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K 052	Continued From page 2  This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the fire alarm system.  The findings included:  Observation of the service hall on 12/12/11 at 9:56 AM, revealed the pull station was blocked with a mattress.  This finding was acknowledged by the administrator and verified by the director of maintenance at the exit conference on 12/12/11.	K 052	<u>Corrective Action:</u> <ol style="list-style-type: none"> <li>On 12/12/11 the Maintenance Director removed the mattress from blocking the pull station in the service hall.</li> <li>The Maintenance Director inspected all pull stations for compliance on 12/12/11.</li> <li>The facility staff was instructed on 12/21/11 by the Administrator and the Maintenance Director in regards to not blocking the pull station and keeping the pull station accessible.</li> <li>The Maintenance Director and the Administrator will monitor for compliance through facility daily rounds and the findings will be reported to the QA committee.</li> </ol> NFPA 101 Life Safety Code Standards  SS=D		12/28/2011
K 054 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3	K 054	<u>Requirement:</u>  The facility smoke detectors will be maintained, inspected and tested in accordance with the manufacturer's specification.  <u>Corrective Action:</u> <ol style="list-style-type: none"> <li>On 12/13/11 the Maintenance Director moved the smoke detector 3 feet away from the air diffuser in the dining room and the activity director's office.</li> <li>The smoke detectors were inspected by the Maintenance Director on 12/13/11 to ensure proper placement.</li> </ol>		
	 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the smoke detectors.  The findings included:  Observation of the dining room and the activity director's office on 12/12/11 at 9:43 AM, revealed				

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K 054	Continued From page 3 the smoke detectors were installed within 3 feet of the air diffusers.	K 054	3. The Maintenance Director was in-serviced by the Administrator on 12/28/11 regarding the proper placement of smoke detectors.		12/15/2011
K 067 SS=E	This finding was acknowledged by the administrator and verified by the director of maintenance at the exit conference on 12/12/11. NFPA 101 LIFE SAFETY CODE STANDARD  Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2  This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the heating, cooling, and air conditioning system.  The findings included:  (1) Observation of the service hall, the 100, 200, and 400 corridors on 12/12/11 at 9:35 AM, revealed the exhaust fans were inoperable.	K 067	4. The Maintenance Director will monitor for compliance through monthly rounds and observations and the findings will be reported to the QA committee.  NFPA 101 Life Safety Code Standards  SS=E  <u>Requirement:</u>  Heating, ventilating, and air conditioning will comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications.  <u>Corrective Action:</u>  1a. The exhaust fans of the service hall, 100, 200 and 400 were repaired on 12/13/11 by a contracted company.  b. The exhaust fan covers on 100, 200, 300 and 400 corridors were cleaned by the Maintenance Director on 12/13/11.  2. The facility exhaust fans were inspected by the Maintenance Director on 12/13/11 to ensure proper function and cleaning.  3. The housekeeping staff and the Maintenance Director was in-serviced by the Administrator on 12/29/11 regarding the proper cleaning, maintenance and inspection of the exhaust fans.  4. The Maintenance Director and the Administrator will monitor for compliance monthly through facility rounds and observations.		
K 147 SS=E	(2) Observation of the 100, 200, 300, and 400 corridors on 12/12/ 11 at 9:40 AM, revealed the exhaust fan vent covers were dirty.  These findings were acknowledged by the administrator and verified by the director of maintenance at the exit conference on 12/12/11. NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance	K 147			12/29/2011

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K 147	<p>Continued From page 4 with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical system.</p> <p>The findings included:</p> <p>(1) Observation of the lobby on 12/12/11 at 9:35 AM, revealed an extension cord being used.</p> <p>(2) Observation of the kitchen area and the main electrical room on 12/12/11 at 9:45 AM, revealed the electrical panels were blocked with equipment.</p> <p>These findings were acknowledged by the administrator and verified by the director of maintenance at the exit conference on 12/12/11.</p>	K 147	<p>NFPA 101 Life Safety Code Standards 55-E</p> <p><u>Requirement:</u></p> <p>The facility's electrical wiring will be maintained in accordance with NFPA 70, National Electrical Code 9.1.2</p> <p><u>Corrective Action:</u></p> <ol style="list-style-type: none"> <li>1a. The extension cord in the lobby was removed by the Maintenance Director on 12/12/11.</li> <li>b. The Maintenance Director removed the equipment that blocked the electrical panels in  the kitchen area and the main electrical room on 12/12/11.</li> <li>2. The Maintenance Director completed facility rounds on 12/12/11 to ensure extension cords were not in use and to ensure that the electrical panels were not blocked</li> <li>3. The Maintenance Director was in-serviced by the Administrator regarding not using extension cords in facility. The Maintenance Director and Dietary Supervisor were also in-serviced on not blocking the electrical panels.</li> <li>4. The Maintenance Director will monitor for compliance monthly through facility rounds and observation.</li> </ol>		12/28/2011